



# LEGAL REPRESENTATIVE DECLARATION: INCAPACITATED ADULT CLAIMANT

## A. INSTRUCTIONS

A person who has not been appointed as the authorized representative of an Incapacitated Adult Claimant by a court or other official of competent jurisdiction under applicable state law must complete and submit this Declaration in support his or her Joint Motion for Special Master Approval of Compromise for a Protected Person.

## B. INCAPACITATED ADULT CLAIMANT INFORMATION

<b>Name</b>	Last Name	First Name	Middle Initial
<b>Claimant ID</b>	_____	<b>Date of Birth</b>	_____/_____/_____ (Month/Day/Year)
<b>Social Security Number or Individual Taxpayer Identification Number</b>	SSN or ITIN _____-_____-_____		
<b>Current Address</b>	Street		
	City	State	ZIP Code

## C. PROPOSED LEGAL REPRESENTATIVE INFORMATION

<b>Name</b>	Last Name	First Name	Middle Initial
<b>Social Security Number or Individual Taxpayer Identification Number</b>	SSN or ITIN _____-_____-_____		
<b>Current Address</b>	Street		
	City	State	ZIP Code
<b>Relationship to Claimant</b>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other (specify): _____		

## D. PROPOSED LEGAL REPRESENTATIVE CERTIFICATION

This Declaration is an official document submitted in connection with the Fire Victim Trust. By signing this Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that:

- (a) I have authority to act on behalf of the Claimant in connection with the Fire Victim Trust, including submitting a Claims Questionnaire and supporting materials, releasing Claims, and receiving payment for any Approved Claim.
- (b) I will abide by all substantive laws of the state of California and, if applicable, any other state in which the Claimant currently lives, concerning the compromise and distribution of any Approved Claim.
- (c) I will notify the Claims Processor promptly if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- (d) I am not aware of any objections to my appointment and service as the Legal Representative on behalf of the Claimant.

The information I have provided in this Declaration is true and correct. I understand that the Claims Administrator, Special Master and Court will rely on this Declaration and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law to the federal government.

## E. SIGNATURE

<b>Representative Signature</b>	_____	<b>Date:</b>	_____/_____/_____ (Month/Day/Year)
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